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FEC FORM 1

STATEMENT OF ORGANIZATION

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NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	in inc. is ninefulty if if if if if if if if if i
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4. IS THIS STATEMENT NEW (N) OR X AMENDED (A)				
I certify that I have examined the		-		i complete.
Type or Print Name of Treasurer Gordon C. Robertson Signature of Treasurer Parken C. Robertson Date 03 25 2009				
O. I. C. P. A. Tan				
Signature of Treasurer 400000 Date 03 25 2009				
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.				
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)